


FILED
Mar 15, 2006 8:00 am
Secretary of State

DOCUMENT # P03000014466		
1. Entity Name MCCOWAN ENTERPRISES, INC.		
Principal Place of Business 3088 GULF BREEZE PKWY GULF BREEZE, FL 32563		Mailing Address 3088 GULF BREEZE PKWY GULF BREEZE, FL 32563
2. Principal Place of Business 3094 Gulf Breeze Pkwy Suite, Apt. #, etc. City & State Gulf Breeze, FL Zip 32561 Country Santa Rosa		3. Mailing Address 3094 Gulf Breeze Pkwy Suite, Apt. #, etc. City & State Gulf Breeze, FL Zip 32561 Country Santa Rosa
6. Name and Address of Current Registered Agent		
MCCOWAN, LINDA 3814 TIGER POINT BLVD. GULF BREEZE, FL 32563		Name
		Street Address
		City
		State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE: <i>Linda McCowan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required.)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCOWAN, LINDA 3814 TIGER POINT BLVD. GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	11.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MCCOWAN, ROBERT 3814 TIGER POINT BLVD. GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Linda McCowan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		